SB 8-75-S1

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

Headquarters, Department of the Army, Washington, DC 20310-2300 20 January 2003

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CHAPTER 1. INFORMATION REGARDING SB 8-75 SERIES FOR 2003

1-1. DA SB 8-75 SERIES OVERVIEW

a. Introduction. The Department of the Army (DA) SB 8-75 Series provides U.S. Army organizations, installations, and activities, both Continental United States (CONUS) and Outside Continental United States (OCONUS), with technical and medical materiel information relating to the mission, processes, and functions of military medical logistics.

b. Distribution.

(1) Paper Copy. The DA SB 8-75 Series is distributed to Army Activities currently on the distribution list, IAW DA PAM 25-30 (Consolidated Index of Army Publications and Blank Forms). Activities are responsible for distribution within their respective activity. To be added to distribution, contact the U. S. Army Publishing Agency, Alexandria, VA, at the Internet address: **http://www.usapa.army.mil**

(2) Electronic Version. Electronic publishing is the preferred method for Army documents. The DA SB 8-75 Series (Army Medical Department Supply Information) now has a valuable timesaving link available to the SB 8-75 series. That link allows a printable copy from the proponent's website. For electronic access to the SB 8-75 Series contact the U.S. Army Medical Materiel Agency (USAMMA) at the following Internet address:

http://www.armymedicine.army.mil/USAMMA/

In the far left margin, click + (plus sign) to expand Publications, select SB 8-75 Series. As the 2003 editions are printed, the 2002 editions will be deleted.

c. Future plans (no date yet) are in the working phase now to have it available for PINPOINT addressees. But for now, at least you can receive it in real time to view until your hardcopy arrives.

d. USAMMA Point of Contact (POC). For additional information regarding the SB 8-75 series contact the Technical Editor, USAMMA, MCMR-MMB-A, DSN 343-4313 or 301-619-4313.

e. In support of the Secretary of the Army's "Less Paper" Policy, USAPA has established a link to access recent issues of the Army SB 8-75 Series! Links are available from the USAPA Homepage **[http://www.usapa.army.mil/]** and from the USAMMA Homepage **[http://www.armymedicine.army.mil/usamma]**. This allows you these important benefits:

(1) Reduction in paper. No longer receiving a multitude of hard copies means less paper. Access the web and make distribution from the downloadable, electronic file.

(2) Real time availability. No longer do you have to await the arrival of your hard copy publication distributed by 'snail mail'. Just log onto USAPA or USAMMA Homepage and 'jump' to the pubs.

If you wish to receive the SB 8-75 Series by hardcopy, distribution is by pinpoint through your Publications Officer or the Adjutant's office. Otherwise, to access the SB 8-75 Series via computer, use either the USAPA or USAMMA Homepage websites.

SB 8-75 Series	This Publications page allows you to: Read online versions of the desired publication (first column), or Download it and save it to your local/network drive.
Reading the SB 8-75 Series publication online	Locate the desired SB 8-75 Series issue in the left column to: Quickly look up an article of information contained in a specific SB 8-75 issue, or to print just the information you need.
Downloading the SB 8-75 Series publication	Locate the desired SB 8-75 Series issue in the right column to: Obtain an electronic copy for your archives, and/or Printout and/or distribute the SB 8-75 Series issue in its entirety.

1-2. CONTENT AND NUMBERING SYSTEM FOR THE DA SB 8-75 SERIES

a. Introduction. The DA SB 8-75 series is published monthly beginning in January of each year.

b. Each edition of the SB 8-75 series is targeted to specific logistical areas of interest as indicated below:

SB 8-75-S1	January: Annual Overview for Current Year
SBs 8-75-S2, -S6, & -S8	February, June, and August, respectively: Medical Maintenance Information
SB 8-75-MEDCASE	March: Note - This issue is not an annual publication
SB 8-75-S3	March: Medical Quality Assurance, Cataloging, Distribution, Unit Assemblage-related information, and Business Operations.
SB 8-75-S4	April: Field Medical Logistics and Materiel Readiness Assistance
SB 8-75-S5	May: Materiel Acquisition and Technology
SB 8-75-S7	July: SC VIII Centrally Managed Programs
SB 8-75-S9	September: Medical TOE Unit Book Sets
SB 8-75-S10	October: U.S. Army National Guard
SB 8-75-11	November: Updates/ changes to AR 40-61

1-3. RECISION OF SB 8-75 ISSUES

Every SB 8-75 issue remains in affect until superseded, regardless of the date published. This DA SB 8-75-S1, dated 20 January 2003 supersedes the 2002 edition.

1-4. THE USAMMA CD ROM IS AVAILABLE

a. We at the USAMMA take great pride in providing medical logistics information to the logistics community. We created a registration page on our website where you can obtain that information via email, thereby overcoming some of the inherent difficulties of normal distribution channels. The intent with this message is to start that process rolling with the promotion of the USAMMA's latest product - The USAMMA CD and to make that information available to you right down to your own email inbox.

b. Please take the time to register with our website. Doing so not only gives you greater control of the information you're supposed to receive via normal mail channels, it also gives you access to the speed and convenience of email services to which you are already accustomed. Go to the address below to order The USAMMA CDROM:

http://www.armymedicine.army.mil/usamma/USAMMA-CDROM/cdrom-order.html

c. Any questions regarding the USAMMA CD can be answered by contacting the USAMMA Chief of Staff, DSN 343-4397/301-619-4397.

CHAPTER 2. SUPPORT FOR CLASS VIII MEDICAL MATERIEL

2-1. THE U.S. ARMY MEDICAL MATERIEL AGENCY (USAMMA)

a. To understand the USAMMA's roles and organizational position in the military, it is important to understand our principal stakeholders and parent commands. At the highest level is Army Medicine; closer to home is our parent command.

b. The Army Medical Department (AMEDD) consists of Army fixed hospitals and dental facilities; preventive health, medical research, development and training institutions; and a veterinary command that provides food inspection and animal care services for the entire Department of Defense (DOD). Directing the Army Medical Department is the Army's Surgeon General who also serves as the Commanding General, United States Army Medical Command. In these capacities, The Surgeon General-Commanding General has the dual responsibility of advising the Army's senior leaders on health matters and conducting Army staff actions, as well as managing one of the largest, most complex healthcare delivery systems in the world.

c. The USAMMA's parent command, the U.S. Army Medical Research and Materiel Command (USAMRMC), is located at Fort Detrick, Maryland, approximately 60 miles north of Washington, DC. This multifaceted command serves as the Army's medical materiel developer and logistics manager for the execution of crucial materiel support missions. USAMRMC performs its important medical research and materiel missions through its many organizations located in the United States and around the world.

d. The USAMMA is a unique and multifaceted organization that acts as the Army Surgeon General's central focal point and Executive Agent for strategic medical logistics programs and initiatives. The Agency's mission is to enhance medical logistics readiness throughout the full range of military health service support missions worldwide, develop and implement innovative logistics concepts and technologies, and advance medical logistics information and knowledge. Accordingly, the USAMMA's principal skills and technologies focus on the medical logistician's role in life cycle management, sustaining and modernizing the medical force (Active, Guard, and Reserve), supporting exercises and contingency operations, and promoting medical logistics information and knowledge. The Agency's three core competencies described below are those business products and services that support our mission and collectively define the Agency's unique contribution within the AMEDD.

e. The USAMMA's core competencies are:

(1) **Acquisition and Lifecycle Management of Medical Materiel.** The USAMMA provides acquisition and related force management expertise as the materiel developer for commercial and non-developmental items, manager for integrated acquisition logistics, and logistician for medical materiel life cycle management in support of combat health services (TOE) and medical treatment facilities (TDA). Force Management is the capstone process involving all processes associated with establishing and fielding combat-ready Army units. This process requires the USAMMA to coordinate and manage a multitude of issues, including:

- Materiel Acquisition Logistics;
- Management of AMEDD Sets, Kits, And Outfits (SKOS);
- Materiel Release, Fielding and Transfer;
- Integrated Logistics Support;
- Program Objective Memorandum Build and Management Decision Package Execution;
- Medical Treatment Facility Support and Services;
- Technology Watch; and
- Medical Maintenance Management and operations.

(2) **Force Projection and Force Sustainment.** In the realm of force projection, the Agency centrally manages several Army and OTSG readiness programs. These programs include the acquisition, storage, distribution and transfer of prepositioned stocks located ashore and afloat, as well as medical chemical defense packages and short shelf life pharmaceuticals and other materiel. Integral to this support are partnerships with defense organizations and industry. The USAMMA also supports deployable medical logistics support teams. Within the area of force sustainment, the USAMMA is constantly exploring and employing innovative methods to meld automated information technologies with logistics and transportation best-business practices. Such focused logistics initiatives provide more efficient and accurate ways to deliver and manage precision packages and biomedical maintenance capabilities.

(3) **Medical Logistics Data, Information, and Knowledge Management.** The USAMMA creates/obtains, synthesizes, shares, and enhances a wide array of medical logistics data, information, and knowledge to improve individual and organizational performance while satisfying stakeholder customers. Further, the USAMMA performs DOD/DA functions such as the Unit Assemblage (UA) database management, cataloging, Department of Defense Medical Materiel Quality Control (DOD-MMQC) message management, automated information system management, and logistics evaluation and analysis. These functions result in numerous internal and external products that promote knowledge sharing and provide tools and techniques that enhance the efficiency and economy of the U.S. Army.

f. The USAMMA's organizational structure consists of the following Directorates and separate offices:

- Business Operations Directorate
- Force Sustainment Directorate
- Maintenance Engineering and Operations Directorate
- Materiel Acquisition Directorate
- Program, Analysis, and Evaluation Office
- Pharmaceutical Advisor to the Commander
- Reserve Component Liaison Office
- Strategic Capabilities and Materiel Directorate

g. An Agency diagram of the USAMMA for Staff and Technical Organizational identification is located on page 2-9. Contact the appropriate office through the Internet website at: **http://www.armymedicine.army.mil/usamma/**.

2-2. BUSINESS OPERATONS DIRECTORATE (MCMR-MMB)

a. The Business Operations Directorate is a new Directorate at the USAMMA. Major functions and responsibilities of the BOD focus on the activities and key processes for centralized support and shared services within the Agency; specifically, resources management, IM/IT, administrative support, and customer relationship management.

b. Primary responsibilities of the BOD include:

- General administration; protocol, facilities; physical security; editing, publishing, and distribution of medical materiel literature.
- Centralized customer relationship management: central customer assistance/support services for customers/clients and stakeholders using a centralized inquiry tracking and response-automated system. Ensure inquiries get to the right office in a timely manner, maintain appropriate status, assist wherever necessary, and close out the task/job when completed.
- Serve as the Inventory Control Point (ICP) for the Army for the Influenza Virus (Flu) Vaccine.
- Medical Materiel Quality Control (MMQC) and Medical Materiel Information (MMI)
- Excess materiel management
- Budgeting, accounting, civilian personnel, military personnel, human resources/employee education and training, workforce planning/ manpower analysis
- Information and technology management to ensure interoperability between internal / external government agencies.

2-3. FORCE SUSTAINMENT DIRECTORATE (MCRM-MMR)

a. The MMR is responsible for the worldwide introduction, sustainment, and reclamation of medical SKOs and individual medical equipment items for the Army medical force (Active, Reserve, and National Guard Components). This includes the building and distribution/fielding of medical assemblages, depot operations, and operational support of the Army Medical Units.

b. Functions and accountabilities of the directorate are:

- Fielding Command for Medical Materiel, Fielding, Transfer, and Displacements;
- Army Service Item Control Center (SICC) for Medical Materiel and Medical Assemblages;
- Army Medical Department (AMEDD) Logistics Assistance Provider and Sample Data Collector for Table of Equipment (TOE) units;
- Care of Supplies in Storage (COSIS) Manager of:
  - US Army Reserve Decrement Hospitals (RCHD),
  - Medical Reengineering Initiatives (MRI) Requirements Generation, and Force Conversion

c. In addition, MMR provides a variety of actions during Force Deployment and Force Sustainment operations as well as support of the Army's transformation that includes Medical Reengineering Initiatives (MRI) conversions and Initial/Interim Brigade Combat Teams and Divisional Units fielding. The Focused Distribution Management Branch is renamed to the Distribution Operations Center (DOC) and will operate under the Force Development & Sustainment Directorate (MCMR-MMR).

d. The upcoming issue of the ***SB 8-75-S4*** dated 20 April 2003 is dedicated primarily to the mission and functions of the TOE and Field Medical Logistics.

e. For additional information contact, USAMMA, ATTN: MCMR-MMR, Fort Detrick, MD 21702-5001; telephone DSN 343-4310 or 301-619-4310.

2-4. MAINTENANCE ENGINEERING AND OPERATIONS DIRECTORATE (MCMR-MMM)

a. The MMM serves as the Army Medical Department's (AMEDD's) focal point for multiple aspects of medical materiel maintenance.

b. Primary areas of responsibility are:

- Maintenance expertise as part of the USAMMA's integrated logistics support;
- AMEDD National Maintenance Point;
- AMEDD test, measurement, and diagnostic equipment (TMDE) program;
- Depot-level maintenance support;
- Cannibalization point for medical products that are determined to be non-supportable/non-sustainable;
- Electronic technical publications;
- Technical assistance, Retail maintenance, and Wholesale maintenance.

c. A website containing information on equipment updates, technical manuals, supply bulletins, medical maintenance Divisions, and other pertinent medical maintenance information can be found at:

http://www.armymedicine.army.mil/usamma/maintenance

Suggestions for additions or changes to this website are always welcome.

d. To add your organization to distribution for the SB 8-75 series, contact the U.S. Army Publishing Agency, Alexandria, VA (**http://www/usapa.army.mil**). SB 8-75-S2, -S6, and -S8 are dedicated entirely to the mission and functions of maintenance information, parts, and equipment.

e. For additional information contact USAMMA, ATTN: MCMR-MMM, Fort Detrick, MD 21702-5001; DSN 343-4365 or commercial 301-619-4365.

2-5. MATERIEL ACQUISTION DIRECTORATE (MCMR-MMT)

a. The MMT serves as the AMEDD's logistical focal point and central manager for materiel acquisition lifecycle management supporting the Military Health Systems (MHS) Health Care Delivery System worldwide.

b. Primary responsibilities include:

♦	Medical technology surveillance, integration and migration;
♦	Proponent for the Technology Assessment and Requirements Analysis (TARA) and the Combat Support Equipment Assessment (CSEA) programs;
♦	Medical Care Support Equipment (MEDCASE) requirements determination and funds execution integrator;
♦	Performs technical support to TSG Consultants and health care treatment facilities worldwide;
♦	Serves as the focal point for all Acquisition Logistic Support (ALS) functions supporting lifecycle materiel management for developmental and non-developmental medical materiel;
♦	Governs the New Equipment Training (NET) program for all newly introduced items of medical equipment, for which there has been a training needs identified by the Training Developer;
♦	Provides technical assistance and services to contracting activities;
♦	Monitors and tracks procurement actions and contracting procedures assuring proper force requirements are met and influence or expedite actions;
♦	Serves on Technical Evaluation Panels and Source Selection Panels during the contracting process. Coordinates the review of contract deliverables;
♦	Prepares Basis of Issue Plan Feeder Data and Quantitative Personnel Requirements Information in Total Asset Visibility. Initiates and coordinates all standardization and type classification actions for field medical material;
♦	Supports post-fielding review and sample data collection; and
♦	Serves as the single point of contact for the AMEDD excess equipment redistribution effort.

c. *SB 8-75-MEDCASE* (20 March 2001) and *SB 8-75-S5* (20 May 2002) are dedicated entirely to the missions and functions of DA-level programs utilizing the Defense Health Program (DHP) guidelines for equipment acquisition procedures for AMEDD health care treatment facilities.

d. For additional information contact, USAMMA, ATTN: MCMR-MMT, Fort Detrick, MD 21702-5001; telephone DSN: 343-4329 or 301-619-4329.

2-6. PROGRAM, ANALYSIS, & EVALUATION (PAE) OFFICE (MCMR-MMP)

a. **Mission:** As Part of the USAMMA's Strategic Management Effort, the PAE serves as the USAMMA's principal strategic advisor and readiness Management Decision Package (MDEP) integrated programming and budgeting staff office.

b. **Organization:** The PAE is an agency asset under the Chief of Staff. The PAE team consists of the director, a program analyst (planner), two program analysts (programming and budgeting), a management analyst (program evaluation, integration, & compliance), and an information technologist (PPBS database development and management).

c. **Major Functions:** The PAE's major operating principle is centralized planning and programming, and decentralized execution. The PAE office is organized according to these four major functions:

- Corporate Strategy and Quality Organization
- Integrated Programming & Budgeting for Future Years
- Program Evaluation and Compliance, and
- Program Coordination, Integration, and Systems

(1) **Corporate Strategy and Quality Organization:** 'Strategy' describes, in a process-oriented manner, what an organization is attempting to accomplish over the next 3-5 years and the methodology to accomplish it. It provides a road map for the future including methods of determining success and performance measures. 'Quality Organization' refers to organizational excellence. For example, the President's Quality Award Program recognizes federal organizations that have improved their overall performance and demonstrated a sustained trend in providing high quality products and services to customers. The major PAE tasks within the Corporate Strategy and Quality Organization function include:

- Strategic planning, emerging military capabilities/enablers, and business information (intelligence),
- Force structure and force management related activities,
- Corporate balanced scorecard, and
- Quality certification and awards.

(2) **Integrated Programming & Budgeting for Future Years:** This area focuses on the programming and budgeting portions of the Army Planning, Programming, Budgeting, and Execution System (PPBES). 'Programming' involves translating requirements into actions, applying resources, considering alternatives and tradeoffs, and justifying requirements. 'Budgeting' involves refining and updating funding requirements based execution plans and other factors. It also includes providing justification and explanation to congress (P-Forms). One critical task of the PAE is to integrate all the different requirements into a balanced program. The major programming and budgeting tasks include:

- Program Objective Memorandum (POM) builds, analysis, and justification;
- Budget development, analysis, and justification; and
- PPBS forecasting and simulations (Simulated Materiel Requirements Planning) using the USAMMA's automated enterprise system capabilities.

(3) **Program Evaluation and Compliance:** This domain entails evaluating current and future programs or initiatives. For current programs or initiatives these evaluations assess how well the program is working according to established objectives and as it relates to other programs. It includes monitoring and reporting program accomplishments, activities conducted (processes), products and services delivered (outputs), and results (outcomes). For future programs or initiatives the evaluations include:

- Assessing the USAMMA's capacity to perform,
- Identifying positive and negative aspects,
- Determining potential implications, and
- Examining overall feasibility.

Other tasks within Program Evaluation and Compliance include:

- Corporate performance analysis,
- Program formulation and evaluation, and
- Program audits and compliance.

(4) **Program Coordination, Integration, and Systems:** This function strives to improve the following areas within the USAMMA:

♦ Intellectual capital / collective knowledge (converting personal knowledge to shared knowledge),
♦ Organizational capabilities (ability to collectively accomplish established goals / objectives),
♦ Organizational Architecture (ability to capitalize on collective knowledge and capabilities; restructuring / realigning or implementing an enterprise system),
♦ Stakeholder and business partner relationship management / marketing (awareness, association, and products/services), and
♦ Business information and communication technologies (business warehouse, online analytical processing, future needs).

In addition to these major domains, the PAE supports contingency and other similar operations to support the commander's intent. This support will most likely be situational and depend upon the needs of the organization.

2-7. STRATEGIC CAPABILITIES AND MATERIEL DIRECTORATE (MCMR-MMS)

a. The Strategic Capabilities and Materiel Directorate (MCMR-MMS) manages the medical portion of the Department of the Army (DA) Deputy Chief of Staff for Logistics (DCSLOG) Army Prepositioned Stocks (APS) Program, sometimes referred to as WAR RESERVES. In addition, MMS manages The Surgeon General's (TSG) Centralized Contingency Programs such as:

- ♦ Medical Nuclear, Biological, Chemical Defense Materiel (MNBCDM)
- ♦ Medical Potency and Dated (P&D) Materiel, and
- ♦ Reserve Component Hospital Decrement (RCHD) programs.

This Directorate also runs the USAMMA Emergency Operations Center (EOC) activated during contingency operations. The Directorate has two Divisions:

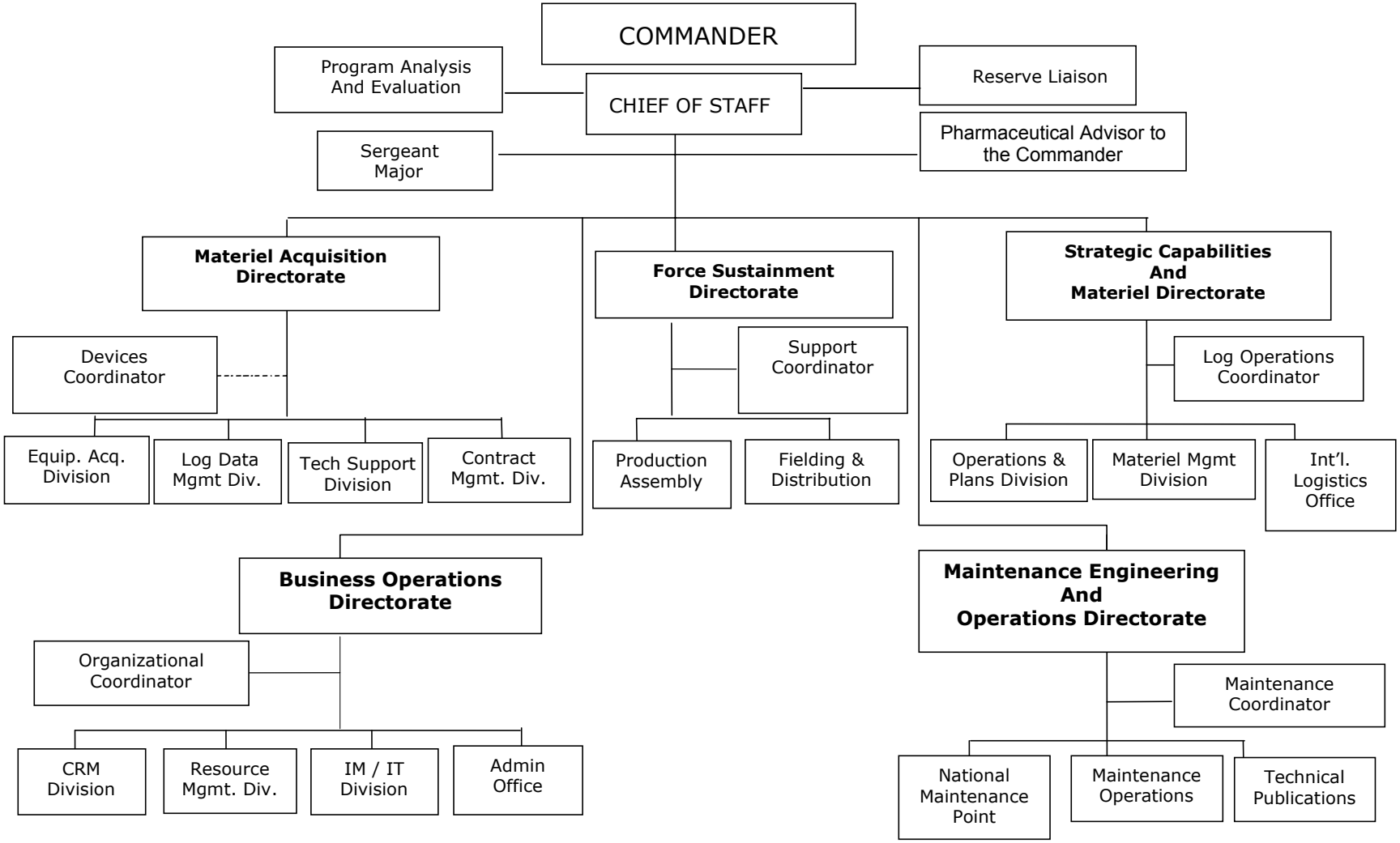
(1) Materiel Management Division (responsible for the APS, MCDM, and RCHD programs).

(2) Plans and Operations Division (responsible for the Centralized P&D Materiel program and the EOC operations).

b. For additional information please refer to the DA SB 8-75-S7 dated 20 July 2002, or contact the:

USAMMA
ATTN: MCMR-MMS
Fort Detrick MD 21702-5001
Telephone DSN 343-4405 or 301-619-4405

THE U. S. ARMY MEDICAL MATERIEL AGENCY - JANUARY 2003



CHAPTER 3. MEDICAL LOGISTICS PROGRAMS

3-1. COMBAT SUPPORT EQUIPMENT ASSESSMENT (CSEA)

a. The CSEA process is a standardized methodology for assessing, planning, and acquiring technology for TOE Medical Treatment Facilities (MTFs). The USAMMA has demonstrated benefits gained through the application of a similar process called Technology Assessment And Requirements Analysis (TARA) with DOD MTFs. The CSEA applies this methodology to the USAMMA's TOE organizations to ensure the efficient expenditure of funds and the procurement of appropriate technologies to meet future AMEDD and DOD initiatives.

(1) The Medical Reengineering Initiatives (MRI) and Medical Communications for Combat Casualty Care (MC4) are top priority, and the U.S. Army Medical Research and Materiel Command (USAMRMC) requires an evaluation of the ability of the Deployable Medical Systems (DEPMEDS) to receive these technologies. The CSEA process has proven to be an excellent evaluation tool for assessing the military unique requirements for medical equipment in the TOE environment.

(2) The CSEA process evaluates a number of environmental and survivability factors when making a technology assessment. Military equipment may be deployed to an environment where it may be exposed to environmental extremes. The electromagnetic "footprint" is critical (both conducted and radiated emissions, as well as susceptibility to interference) and must meet stringent requirements. Availability of utilities such as water or electricity must be taken into consideration. Power provided by a field generator may fluctuate. Equipment must be reliable and maintainable because of the remote location of the equipment far from a service or repair center.

b. All medical equipment fielded to TOE units has a life expectancy. It is the USAMMA's responsibility to track items fielded at different times and to ensure that MTFs have the equipment they need to accomplish their mission. For example, DEPMEDS was fielded in the mid-1980s. The equipment initially fielded with those systems is now reaching obsolescence and becoming difficult to support.

(1) Sustainment and Recapitalization requirements for Echelons of Care II and III are continuously evaluated. The CSEA of DEPMEDS must take into consideration MRI, patient movement items, medical detachment—telemedicine, and other AMEDD initiatives. The purpose is to provide the AMEDD with the information to make the best business decisions with constrained resources.

(2) The CSEA process focuses on assessing the capability to accept new and emerging technologies from MRI, MC4, or other initiatives. To support this, the following responsibilities of this team include:

- Provide technical guidance, assistance, and instructions to field medical units for resolving medical logistics problems;
- Assist field commanders and materiel maintenance managers in identifying and resolving medical logistics problems that affect medical logistics readiness;

- Collect, correlate, assess, and disseminate medical logistics information required to respond to problems from the materiel, fielding, or system users;
- Provide field commanders a single point of contact for medical logistics assistance;
- Ensure field medical units are aware of current medical policies, procedures, regulations, and management techniques;
- Assist commanders in determining the appropriate medical maintenance support for the maintenance program through the National Maintenance Point;
- Provide technical training to improve readiness;
- Visit other organizations providing medical logistics support to field medical TOE units;
- Evaluate the adequacy and efficiency of medical materiel support provided by various retail and wholesale sources to AMEDD activities authorized medical materiel; and
- Provide a vehicle for accomplishing follow-on evaluations for newly fielded or modified medical equipment items for field activities.

c. Market investigation and market surveillance is the responsibility of the MCMR-MMT, USAMMA. The intended audience is clinical subject matter experts from all services and decision-makers within the Medical Command (MEDCOM) e.g., USAMMA leadership, MRMC Headquarters, and the U.S. Army Medical Department Center and School Directorate of Combat Doctrine and Development. Market investigations and market surveillance must be accurate because of their use in the decision-making process. These decisions are the basis for procurement of large quantities of medical equipment.

d. For 2003, the ***SB 8-75-S5*** (20 May 2003) will contain in-depth information about CSEA and similar topics.

e. For additional information contact the USAMMA, ATTN: MCMR-MMT-S, Fort Detrick, MD 21702-5001; DSN 343-4473 or 301-619-4473.

3-2. LOGISTICS ASSISTANCE PROGRAM (LAP)

a. The USAMMA is revamping its AMEDD Logistics Assistance Program (LAP) to focus on vital medical logistics issues that affect the readiness of the deployable medical force. The USAMMA's theme is two-fold:

First, to assist Major Commands (MACOMs) and unit commanders in analyzing the true readiness posture of their units; and

Second, to ensure the USAMMA has sufficient medical logistics information to accomplish its missions.

b. Primary objectives for the Army include - but are not limited to:

♦ Establish a baseline of medical materiel readiness levels within various medical organizations,
♦ Identify potential factors that detract from logistics readiness,
♦ Recommend solutions to identified factors, and
♦ Develop a knowledge management network and disseminate useful information to organizations.

c. The USAMMA's LAP will be conducted in a two-phased operation.
Phase one will focus on identifying those issues that impact the medical logistics readiness of the deployable medical force, and conducting analysis on those issues in order to provide appropriate measures to alleviate the impact.
Phase two will focus on providing customer-oriented actions that increase medical logistics readiness. The direction and scope of the USAMMA LAP will be continually re-assessed in order to provide the MACOMs and unit commanders the most appropriate level of support. Characteristics of the LAP are:

(1) Provide a means to collect, correlate, assess, and disseminate information on those factors that have been found to result in decreased medical logistics readiness.

(2) Provide MACOMs and unit commanders with the technical guidance necessary to resolve medical logistics problems.

(3) Identify and provide reports through channels on all medical logistics functions that have been identified as having an adverse impact on medical logistics readiness including supply, maintenance, transportation, personnel, training, organization, systems, and doctrine.

(4) Provide improvements and sustain the readiness of medical materiel systems and medical logistics support of Active Army, National Guard, and Reserve Component Forces.

d. The goals of the USAMMA LAP are mutually supported by the Combat Support Equipment Assessment (CSEA) as outlined above.

e. The 2003 edition of ***SB 8-75-S4*** (20 April 2003) will contain in-depth information about LAP and similar topics.

f. For additional information contact the
USAMMA
ATTN: MCMR-MML, Suite 100
1423 Sultan Dr.
Fort Detrick MD 21702-5001
Telephone DSN 343-4355 or 301-619-4355

3-3. MEDICAL LOGISTICS SUPPORT TEAM (MLST)

a. The Army Materiel Command (AMC) created the Logistics Support Element (LSE) to address the requirement for a tailor-made unit to provide Reception, Staging, On-ward Movement, and Integration (RSO&I) support of Army War Reserve assets. Individuals from various Army materiel commodity commands staff the LSE. These

individuals can be military, civilian or contractor personnel. Representing the AMEDD Class VIII commodity is the USAMMA's MLST.

b. The MLST is a 16-member team with a variety of skills necessary to facilitate the handoff of pre-positioned medical materiel and non-medical Associated Support Items of Equipment (ASIOE) at a port or land-based facility in any theater. This materiel includes Army Preposition stocks and other materiel included in TSG contingency programs. Functions of the MLST include command and control, medical maintenance, general maintenance, fielding of materiel, automation support, and contracting support. The skills found within the MLST include medical supply, automation specialist, medical maintenance, and general maintenance technicians. This team is comprised of soldiers, DA Civilians, and fielding contractors. This team can deploy on short notice to any theater.

c. The MLST will normally operate in direct support of the SMC LSE. Once the MST completes the transfer of APS assets, it will redeploy to CONUS or prepare for follow-on missions as directed by the Commander, USAMMA.

d. *FM 100-17*-1 details the requirement and responsibilities of the LSE and MLST.

e. *FM 63-11* gives an explanation on RSO&I.

f. *SB 8-75-S7* contains in-depth information about MLST and similar topics.

g. For additional information contact USAMMA, ATTN: MCMR-MMR-M, Fort Detrick MD 21702-5001; telephone DSN 343-7577 or 301-619-7577.

3-4. MEDICAL NUCLEAR, BIOLOGICAL, AND CHEMICAL DEFENSE MATERIEL (MNBCDM)

a. The Department of the Army (DA) centrally manages and funds the Individual Service Member (ISM) initial issue requirements for medical nuclear, biological, and chemical defense materiel (MNBCDM) for Army Forces. Materiel for ISM is configured into Deployable Force Packages (DFP) and strategically located to meet mission requirements. This materiel supports deploying forces in support of Department of Defense (DOD) or Joint Chiefs of Staff Operations. Due to the attacks of 11 September 2001, the program was expanded and terms were changed. Previously, 25 Division Ready Brigade (DRB) packages were strategically located at 15 locations. Currently, materiel is stored in 273 different locations. The program continues growing to meet mission requirements. In lieu of the materiel being provided in packages supporting 5,000 soldiers (DRB packages) materiel is tailored to support the missions of the different locations. Henceforth, the name has been changed from DRB packages to DFP.

b. All releases of centrally funded MNBCDM are validated and approved by The Office of the Surgeon General, Operations Division (DSN 761-8186/8052; Comm 703-681-8186/8052). Before calling to obtain release, IMSA/units must have a deployment order or World Wide Individual Augmentation System (WWIAS) task number, message or letter giving the unit a deployment mission requiring MNBCDM. Other information required is the number and types of materiel required, the date materiel is required, location of the personnel and the deploying station, and

augmentee-related data (whether individuals are going to join up prior or post to Unit deployment). Letters of Authorization (LOAs) will be provided by MEDCOM providing an audit trail of all releases. Certain circumstances may warrant a verbal approval, but a written authorization letter will still be provided by MEDCOM to document the release.

c. The Basis of issue for the MNBCDM is:

Mark I Kits, NSN 6505-01-174-9919	Three (3) per soldier
CANA, NSN 6505	One (1) per soldier
PBT, NSN 6505 21 tabs per soldier **Note**: PBT may only be issued from the storage activities to Army personnel with the written permission of the Surgeon General. No exceptions.	
Antibiotics: - Ciprofloxacin 500mg tablets, 30s, NSN 6505-01-491-2834 or Doxycycline 100mg tablets, 30s, NSN 6505-01-491-5506 – 15 days of supply = 30 tabs of either antibiotic. (**Note:** Each DFP contains both antibiotics (2/3 Cipro and 1/3 Doxy). The authorization letter shall state which antibiotic to release.	
- Soldier's Guide MNBCDM, NSN 7610-01-492-7703.	One (1) per soldier

d. It is anticipated that the Advanced Technology, Nerve Agent Antidote (ATNAA), also sometimes referred to as the multichamber autoinjector (NSN 6505-01-362-7427) will be available in FY02 and replacement action will start on a one-for-one basis. Also, the fielding of SERPACWA (NSN 6505-01-483-7162) is anticipated to start in the near future. Basis of Issue will be six (6) packets per soldiers. Fielding will take several years before 100% of the requirement is met.

e. An audit trail is required for all assets. The IMSA will retain accountability in TAMMIS or DMLSS using project code "DRB". Monthly reports of all centrally managed assets are required to be provided to the USAMMA, MCMR-MMS-M (send via telefax (DSN 343-4404) by the 5th of each month. Upon receipt of authorization letter from MEDCOM, assets will be released to deploying units as free issue materiel. Units receiving MNBCDM will maintain a chain of custody of all assets. Upon redeployment to home stations, the unit will account for all assets received from the IMSA/storage facility. Assets that were released will be segregated and turned-in for destruction. Assets that were retained under central management will be turned-in to the IMSA and reported to the USAMMA for disposition instructions. Storage history is required to be provided to the USAMMA so that the appropriate disposition guidance can be determined. A written statement is required to explain any differences in the issue and turn-in quantity.

f. The following are excluded from the MNBCDM centrally managed program and are unit funded:

- MNBCDM required as components of Medical Equipment
- Sets Kits and Outfits (SKOs)
- Explosive Ordnance Disposal
- Rapid Response Teams
- Chemical Accident/Incident Response Assistance

For all requests **other than those stated above**, the Unit will submit a letter through channels to:

Commander, USAMEDCOM
ATTN: MCLO-P
2050 Worth Road
Fort Sam Houston TX 78234-6008

Approval is valid for a five-year period.

NOTE: Due to the events of 11 September 2001, MNBCDM was distributed to designed locations as 'free-issue materiel' in support of Installation Force Protection (IFP), project code QRF. Materiel was sent to the Medical Logistics element at the installation. The installation needs to request this materiel from the Medical Logistics Element that will request release from the Office of the Surgeon General (OTSG). Once this materiel is issued to the installation's responsibility to properly store, manage, account, and program for its replacement.

g. Requisition Process for Service-Regulated Items Acquisition Advice Code (AAC A) MNBCDM. For the service-regulated AAC A items, Units must submit funded requisitions offline to their SSA, including their UIC and justification. The SSA forwards the requisition to the USAMMA via fax at DSN 343-4404 or 301-619-4404. Approved requisitions are forwarded to DSCP for processing. If insufficient data is provided, the USAMMA will contact the SSA to obtain the necessary information, or to advise that the requisition does not meet the criteria for processing.

h. For additional information refer to AR 40-61, Chapter 9, (MEDCOM policy messages distributed through the Army MMI message network), and the MEDCOM authorization letters, or contact the USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone, DSN 343-4421 or 301-619-4421.

3-5. NONSUPPORTABLE/NONSUSTAINABLE AND OBSOLETE ITEMS (NNI)

a. The MCMR-MMT-S has developed a program identifying medical equipment that cannot be maintained through manufacturer or USAMMA depot support channels. As a component of the CSEA, the NNI program is an integrated process that analyzes medical equipment assessments to anticipate the supportability and programs, the replacement of future nonsupportable/nonsustainable, and obsolete equipment. This program also identifies equipment that is no longer supported by the manufacturer, but can still be supported through the USAMMA (Maintenance Engineering and Operations Directorate); these items will be referred to as AMEDD Limited Support Items (ALSI). One of the requirements of this program is ongoing market investigation and market surveillance to stay abreast of changing medical technologies. The specific goal is to identify and provide a list of NNI/ALSI and associated support items, and to develop a short and long-term replacement plan. This team conducts surveillance and evaluation of new and emerging technology for deployable MTFs and ensures the appropriate clinical proponents are advised of findings and recommendations.

b. The USAMMA identifies the Combat Developer's requirements in the Program Objective Memorandum (POM) that describes where and when resources will be spent. The POM is a planning and programming tool and is prepared three years in advance of procurement. When resources do become available, the USAMMA submits a

requisition to the Defense Supply Center Philadelphia (DSCP). DSCP prepares the performance specifications in accordance with essential characteristics and completes the requisition. The effect of this three-year span is that items identified and agreed upon are not purchased for almost five years. In today's environment, the AMEDD runs the risk of acquiring legacy equipment. It is critical that our equipment purchases stay in line with current clinical practices. The NNI program will be responsible for bridging the gap between the POM processes, clinical practices, and the commercial industry's capabilities.

c. The 2003 edition of the ***SB 8-75-S5*** (20 May 2003) will contain in-depth information about NNI and similar topics.

d. For additional information contact, USAMMA, ATTN: MCMR-MMT-S, Fort Detrick, MD 21702-5001; telephone DSN 343-4330 or 301-619-4330.

3-6. SAMPLE DATA COLLECTION PROGRAM

a. To enhance the strengths of Maintenance Engineering and Operations Directorate (MEOD) and Technology Support Division (TSD), the USAMMA has developed and implemented a sample data collection program for targeted medical devices. This program is a comprehensive and cohesive data collection and analysis program. MEOD and TSD groups are supplied with scheduled reports and have the ability to create ad hoc reports that enable them to both respond to changes in medical technology in a more timely manner and help to identify significant trends in the maintenance of medical equipment. This program supports the USAMMA in supplying medical field equipment and DEPMEDS facilities with current, sustainable, cost-effective medical technology.

b. To obtain a cross-sectional data sample and take advantage of the expertise and functionality of existing staff, a number of sources of data are used to populate the sample data collection database (Figure 3-1).

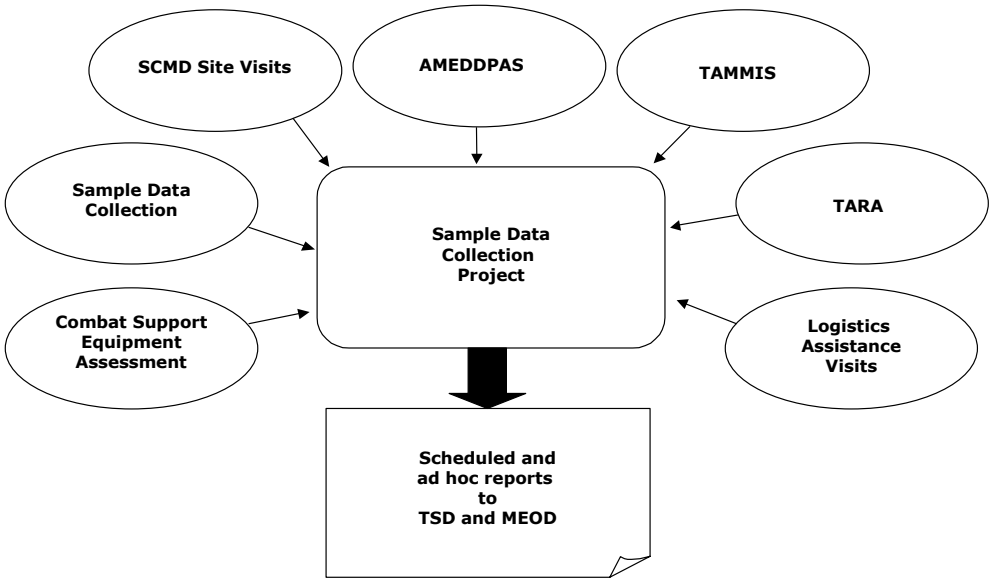


Figure 3-1. Sources of data for sample data collection project

c. Data from the Combat Support Equipment Assessment (CSEA), Strategic Capabilities and Materiel Directorate (SCMD) visits, Technology Assessment and Requirements Analysis (TARA), and Logistic Assistance Visits (LAV) are taken from the final written reports from these groups. Relevant data from these reports are manually entered into the SDC database. Data can also be imported from the Army Medical Department Property Accounting System (AMEDDPAS) and Theatre Area Maintenance Management Information System (TAMMIS), if needed.

d. Scheduled reports list the data source to ensure each source is credited for their work.

3-7. SUPPLY CLASS VIII CENTRALLY MANAGED PROGRAMS

a. The DA has established specific programs to support contingency operations as part of its overarching strategic mobility program. The APS is one of them. Complementing the APS program is the OTSG's Contingency Stocks that support areas not covered by the APS.

b. The DA DCSLOG owns APS materiel. The DA directed that AMC manages the non-SC VIII and OTSG manage the SC VIII. OTSG delegated the responsibility for SC VIII to the USAMMA. HQDA authorizes the approval of the release of APS stocks. Once released, AMC/ USAMMA will direct movement as necessary. Program elements within APS are:

- Brigade/Unit Sets
- Operational Projects
- Army War Reserve Sustainment

(1) Overall APS Program Management, contact the USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4428 or 301-619-4428.

(2) APS-1 (CONUS) contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4421 or 301-619-4421

(3) APS-2 (Europe) contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-6901 or 301-619-6901.

(4) APS-3 (Afloat) contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4430 or 301-619-4430.

(5) APS-4 (Korea and Japan) contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4427 or 301-619-4427.

(6) APS-5 (Bahrain, Kuwait and Qatar) contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-6901 or 301-619-6901.

c. OTSG owns contingency stock materiel. The USAMMA centrally manages various programs elements. OTSG authorizes the release of the OTSG contingency stock. Program elements are:

- Medical Nuclear, Biological, Chemical Defense Materiel (MNBCDM)
- Medical Potency & Dated (P&D) Materiel
- Reserve Component Hospital Decrement (RCHD)

(1) For additional information pertaining to the USAMMA's SC VIII Centrally Managed Programs contact any of the offices in the following list:

(a) MNBCDM Program, contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4421 or 301-619-4421/4428.

(b) Centrally Managed Medical P&D Program contact USAMMA, ATTN: MCMR-MMS-P, Fort Detrick, MD 21702-5001; telephone DSN 343-4422 or 301-619-4422/4461.

(c) RCHD Program contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4421/4428 or 301-619-4421/4428.

(d) The ***SB 8-75-S7*** (20 July 2003) will contain in-depth information about the APS and Centrally Managed Programs.

3-8. TECHNOLOGY ASSESSMENT AND REQUIREMENTS ANALYSIS (TARA)

a. In an environment of constrained resources, it is imperative that sound commercial business practices be applied to our capital investment equipment programs. The decision makers at the U.S. Army Medical Command (USAMEDCOM) and the MTF level must have a means of acquiring the management information they need to effectively balance dwindling resources against clinical requirements. The ultimate goal for the TARA program is to establish a standardized methodology for assessing, planning, and pursuing the acquisition of technology within the AMEDD.

b. As proponent of the TARA, the MCMR-MMT, USAMMA, is responsible for coordinating the TARA process and site visits with the facility to be assessed, as well as the appropriate specialty consultants. The on-site TARA visit consists of four major components:

- Assessment of Clinical Operations
- Assessment of Requirements
- Assessment of Operations
- Assessment of Equipment

c. TARA Specifics.

(1) A TARA provides a snapshot of the facility's diagnostic imaging and clinical laboratory processes for the period during which the site survey is conducted. However, the TARA is not intended as a substitute for the facility's own routine evaluation of their operations. Because changes in a facility's strategic vision could alter diagnostic imaging or laboratory requirements, the MCMR-MMT recommends that the requirements for the MTF be periodically reevaluated, especially in the event of a major change in mission.

(2) Using the data collected from site visits, and from MEDCASE program requirements; the TARA team has constructed a database to assist in providing guidance for approving future MEDCASE requests. The TARA database is used to front-load MEDCASE requirements for routine replacement of diagnostic imaging systems. The USAMMA Materiel Acquisition Directorate generates MEDCASE requirements and assigns an Asset Control Number (ACN) that is sent to the MTF and Regional Medical Command (RMC) for approval. Once approved by the MTF and RMC, the requirement receives 1A approval when it is returned to USAMMA. After 1A approval, funding is allocated from USAMEDCOM at two levels: high-dollar value (currently those MEDCASE requirements greater than $350,000) and low-dollar value (those between $100,000 to $350,000). After consultant approval, MEDCASE funds are given to the RMC for distribution to the MTFs.

(3) On allocation of funds, the RMC must have the Program and Budget Advisory Committee (PBAC) determine which of these MEDCASE items will be funded. Once the system is funded, a Requisition Form (DD Form 1348-6, *DOD Single Line Item Requisition System Document [Manual - long form]*) and quotes from the MTF for the system wanted (may be the MTFs vendor of choice) must be sent to the USAMMA for final approval. Once the USAMMA concurs with the quoted system, the quote is forwarded to the Department of Veterans Affairs or the DSCP, for purchase from their schedules.

(4) MPRs submitted for changing mission requirements or expanded business opportunities still require that the facility to submit a MEDCASE requirement. The justification should be no more than one page and include at a minimum the following information:

- A description of the workload;
- How the current workload is met;
- How much of the workload does the old equipment perform;
- What new equipment is needed;
- What old equipment is to be replaced;

- What new procedures are planned for the new equipment;
- How much money is spent on the economy to perform;
- Procedures that cannot be done in-house; and
- How much money is saved for those in-house procedures.

d. ***SB 8-75-S5*** *(*20 May 2003) will contain in-depth information about TARA, as well as more detailed projects and programs.

e. For additional information contact:

USAMMA
ATTN: MCMR-MMT-S
Fort Detrick MD 21702-5001
Telephone DSN 343-4330 or 301-619-4330

CHAPTER 4. GENERAL MEDICAL MATERIEL INFORMATION

4-1. ACQUISITION ADVICE CODE (AAC) 'W' AND 'J' RELATIONSHIPS

a. National Stock Numbers (NSN) and AAC 'W' are assigned to generic end-items of equipment that are initially identified for use. This process provides a method to develop authorization documents, e.g., MTOE and UAs, and for procurement planning (development of essential characteristics). On-hand stocks should never be recorded against AAC 'W' NSNs.

b. As manufacturers are identified, contracts awarded, and items developed, each item is assigned a new NSN with AAC 'J'. Data plates and container markings reflect the specific NSN for that manufacturer.

c. DOD Army Logistics Systems/Publications further identify AAC 'W/J' relationships through the use of Phrase Codes '3' and 'S':

The Phrase Code '3' is assigned to the actual item manufactured (AAC 'J').
The Phrase Code 'S' is assigned to the generic NSN (AAC 'W').

d. AR 40-61, paragraph 3-63 (25 January 1995), provides additional requisitioning instructions and information on provisioned medical equipment. Regular updates to SB 700-20 (Army Adopted/Other Items Selected for Authorization/List of Reportable Items) and the AMDF reflect specific and current items of production data (AAC 'J') as authorized substitutes for the generic end item (AAC 'W') reflected on the requisitioner's authorization document.

e. W&J listings are available via the Internet in the Medical Services Information Logistics System (MEDSILS) database, located and accessible by using the address:
http://www.armymedicine.army.mil/usamma/imit/qbca_medsils/index.htm.

f. The POC for additional information is the USAMMA, ATTN: MCMR-MMT-D, Fort Detrick, MD 21702-5001; telephone DSN 343-4308 or 301-619-4308.

4-2. ADDRESS INDICATOR GROUP (AIG) LISTINGS

a. The AIG listings for 7485, 7486, 7487, and 7488 are shown in Appendix A and include Continental United States (CONUS) and Outside Continental United States (OCONUS) activities as well as addressees for ACTION and INFORMATION.

b. To insure continuous receipt of the DOD-MMQC message series, each AIG is responsible for updating, deleting, initiating, or making changes to any part of the address. Changes are then to be sent to:

USAMMA,
ATTN: MCMR-MMB-R
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001
Telefax number DSN 343-2938 or 301-619-2938

c. Messages sent to the AIG addressees require acknowledgment and action. These messages include suspensions/recalls/potency-dated items/etc. It is imperative that attention is given to changes in any part of the address and that your message center be notified immediately.

d. The Defense Message System (DMS) is a new, Microsoft Outlook-based message system utilizing electronic mail. It is intended to eventually replace the current Autodin Message System. It is vital that the USAMMA receive all DMS addresses assigned to activities required to receive DOD-MMQC, Army-MMI, and DOD/FDA SLEP messages. DMS addresses may be obtained from an individual activity's Directorate of Information Management (DOIM) points of contact.

4-3. ARMY MEDICAL LOGISTICS OVERVIEW

a. To better appreciate Army Medical Logistics (MEDLOG) it is important to understand the different perspectives surrounding our commodity. One viewpoint of MEDLOG may differ from another depending on variables such as logistical support for field medicine versus MTF, wholesale supply versus retail supply, acquisition logistics versus operational logistics. Accordingly, the following information discusses the definition, characteristics, organizations and functions associated with Army MEDLOG.

b. Logistics is defined in many areas. The following descriptions apply to the MEDLOG:

(1) In lay terms, logistics is the science of planning, organizing and managing activities that provide goods or services. An expanded definition includes implementing the acquisition and use of resources necessary to sustain the operation of a system. Generally, logistics considers supply, maintenance, transportation, facilities, services, and related information systems functions.

(2) According to the DOD Dictionary, logistics is the science of planning and carrying out the movement and maintenance of forces. In its most comprehensive sense, those aspects of military operations which deal with:

- Design and development, acquisition, storage, movement; distribution, maintenance, evacuation, and disposition of materiel;
- Movement, evacuation, and hospitalization of personnel;
- Acquisition or construction, maintenance, operation;
- Disposition of facilities; and
- Acquisition or furnishing of services.

(3) MEDLOG within the AMEDD is a subset of Army logistics. Therefore, Army MEDLOG operates within HQDA DCSLOG policy and guidance. At the same time, MEDLOG is a discipline of a larger and fully integrated MHS that supports the healthcare delivery mission throughout the DOD during peacetime and wartime.

c. MEDLOG, often referred to as Supply Class VIII (SC VIII), has the following attributes/characteristics:

- Focus on the needs of the patient and provider;
- Reliance on commercial sources and business practices;
- Non-standard products (versus military unique);
- Potency dating and special handling requirements;
- Differing expectations based on varying missions, clinician preference, and Service focus;
- High dollar value; and
- Susceptibility to rapid changes in technology and practices.

d. The organizations and functions of the Army MEDLOG integrate with Army and defense logistics and distribution practices from the factory to foxhole. Several MEDLOG domains exist and are described in the following paragraphs with examples of the types of organizations and primary functions.

(1) In the Combat Health Logistics (Tactical) area, MEDLOG relates to field logistics as an integral part of the Army's combat health support. MEDLOG functions at this level include:

- SC VIII
- Medical equipment maintenance
- Blood storage and distribution, and
- Optical fabrication.

Examples of MEDLOG organizations are:

- Medical logistics battalions,
- Companies and detachments,
- Combat support hospitals, and
- The Medical Logistics Management Center.

(2) MTF HEALTHCARE LOGISTICS (RETAIL). MEDLOG at the Regional Medical Commands focuses on management, readiness support, and economics. At the fixed treatment facilities retail MEDLOG functions include:

- Inventory management
- Biomedical maintenance
- Facilities management
- Contracting
- Property management, and
- Other services

(3) ARMY INSTITUTIONAL LOGISTICS (FORCE MANAGEMENT). The MEDLOG in this arena centers on the Army major processes of Force Management and Force Integration, including the Tri-Service arena as part of the MHS. Major functions include:

- MEDLOG policy; planning, programming and budgeting;
- Requirements determination; Acquisition logistics and lifecycle management of medical materiel and equipment, MEDLOG information systems, and healthcare facilities;
- Field medical systems maintenance, sustainment, and recapitalization; and
- Force projection and force sustainment programs support.

Principal MEDLOG organizations at the Institutional Army are the:

- Office of The Surgeon General
- U.S. Army Medical Command
- Regional Medical Commands
- AMEDD Center and School, and
- U.S. Army Medical Research and Materiel Command

In addition, the USAMMA, USAMMDA, and USAMMCE also operate at this Force Management level.

(4) DEFENSE LOGISTICS (WHOLESALE). Defense MEDLOG serves as a national provider and supports sister Services and Army missions and organizations. Primary functions at the wholesale level are:

- Wholesale Supply Including Inventory Management Of Military Unique Items;
- Development And Fostering Of A Variety Of Commercial Materiel Acquisition Strategies; Contract Services;
- Transportation And Distribution; And
- Force Sustainment Support To The Theater Of Operations

MEDLOG organizations include the DSCP and DLA depots.

4-4. ARMY TRANSFORMATION AND MEDLOG SUPPORT

a. The intent of the Army as stated in the Army Vision Statement is to transform the most respected Army in the world into a strategically responsive force that is dominant across the full spectrum of operations. To accomplish the transformation the Army will proceed along three major paths-- the Objective Force, the Legacy Force, and the Interim Force (see Figure 4-1).

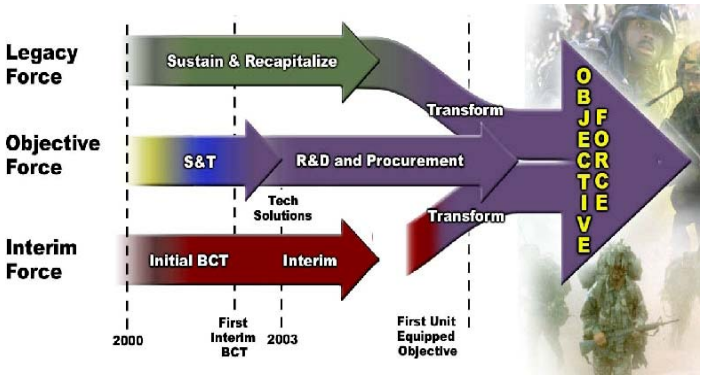


Figure 4-1

b. Recapitalization is the cornerstone of the Army's strategy to sustain its legacy warfighting capability throughout the fielding of the objective force.

(1) It addresses the negative reliability, sustainability, readiness, and cost effects of over-age equipment. Accordingly, recapitalization is defined as "the rebuild and selected upgrade of currently fielded systems to ensure operational

readiness and a zero-time/zero-mile system." Rebuild restores a system to a like-new condition in appearance, performance, and life expectancy and inserts new technology to improve reliability and maintainability. Selected upgrade is the rebuild of a system plus the addition of warfighting capability improvements to address capability shortcomings.

(2) The other key component of Army Transformation is modernization. Modernization is defined as the development and/or procurement of new systems with improved warfighting capabilities. The key element in modernization is that it involves new weapon systems. For example, the Abrams tank was a modernization program to replace older tanks, as Deployable Medical Systems (DEPMEDS) was an equipment modernization program for Medical Unit Self Transportable (MUST) equipped units. Today, DEPMEDS is a legacy system in the sustainment phase of its life cycle. As part of its role in materiel acquisition and lifecycle management, USAMMA plays a key role in the AMEDD's recapitalization and modernization efforts. Responsive, Deployable, Agile, Versatile, Lethal, Survivable, Sustainable.

c. OBJECTIVE FORCE: The critical transformation path leads to the Objective Force that will encompass the entire Army and possess capabilities that will enable the Army to accomplish the following:

- Place a combat-capable brigade anywhere in the world in 96 hours
- Put a division on the ground in 120 hours
- Ensure five divisions are on the ground in theater in 30 days.

The Army will develop new systems based on technologies that are expected to mature in the next eight to ten years. Today, the science and technology (S&T) community is working diligently to achieve these Objective Force criteria and prepare a set of technological solutions for the research and development plans by 2003. The AMEDD is no different and must conduct science and technology exploration as well as research and development initiatives to produce future medical systems capabilities for the objective force. Accordingly, to achieve the objective force we will have to plan and execute the modernization of the interim force followed by innovative methods to sustain this objective force.

d. LEGACY FORCE: At the same time, the Army will retain portions of today's force by recapitalizing existing systems such as the M1 Abrams tank, M2/M3 Bradley, and the M88 Recovery Vehicle and continuing current modernization programs, such as the insertion of digital technologies. The Legacy Force will remain viable for war should someone miscalculate our capabilities anytime in the next 15 years or so. To compare, the AMEDD's legacy force is Medical Force 2000 (MF2K) and the medical components within division and non-division units. This legacy force is primarily equipped with DEPMEDS, modular medical (MODMED) sets and associated equipment.

e. INTERIM FORCE: The interim force bridges the gap in capabilities between today and the Objective Force.

(1) This Interim Force will possess those characteristics of the Objective Force that are obtainable with today's technology. The Army will field the Interim Force, centered on the recently selected Light Armored Vehicle (LAV) III Interim Armored Vehicle. Our AMEDD interim force is Medical Force 21 via MRI and the

medical pieces the STRYKER Brigade Combat Team (SBCT), formerly known as the Interim Brigade Combat Team (IBCT) and Interim Division (IDIV).

(2) As we move toward this interim force, the AMEDD must concurrently sustain and modernize our legacy force and synchronize the reorganization of legacy force to MRI. Once converted, we must also sustain and modernize our interim force in those years prior to attaining the objective force.

4-5. DEFENSE LOGISTICS AGENCY (DLA) CUSTOMER SUPPORT ASSISTANCE REPRESENTATIVES

a. The DLA is a combat support agency and part of the DOD. They provide supplies to the military services, federal agencies, and allied forces.

b. The Headquarters office is located at the DLA, Fort Belvoir, VA; representatives are on duty between 0745 and 1615 (Eastern Time). If a geographic area representative is not at the duty station, call the numbers below for assistance.

c. The single point of contact for information relating to the location and telephone number of HQ DLA Customer Field Representatives can be contacted at the toll-free number 1-877-352-2255. The mailing address is:

Defense Logistics Agency
ATTN: DLA Customer Service Representative
USMC – Materiel Branch
2010 Henderson Rd, Suite 228
Quantico VA 22134-5045

d. To contact the Defense Supply Center Philadelphia for assistance, please call 1-800-413-6789.

4-6. DRUG ENFORCEMENT ADMINISTRATION (DEA) BIENNIAL CONTROLLED SUBSTANCE INVENTORY

a. The Controlled Substances Act (21 USC 801 to end) requires that each registrant of the DEA conduct a total inventory of all controlled substances once every two years and maintain this inventory for two years.

b. The DEA has granted an exception to all Medical Department Activities (MEDDACs), Medical Centers (MEDCENs) and supported activities of the DA that follow inventory procedures outlined in AR 40-2 (Medical Treatment Facilities General Administration, 15 Mar 83) and AR 40-61 (Medical Logistics Policies and Procedures, 25 Jan 95).

c. Activities will continue to conduct and maintain inventories according to Army regulations. This information is the authority for activities to disregard DEA notices to conduct special biennial inventories. Authorized users are currently listed in Table 4-1.

Table 4-1. AUTHORIZED RECIPIENTS OF CONTROLLED SUBSTANCES DODAAC REQUISITIONERS

DODAAC	ACTIVITY
W16BFB, W81F22	IMSA, FT DRUM, NY
W73K83	FT BELVOIR, VA
W16BCY, W801KG	MED ACCT US MIL ACAD, WEST POINT, NY
W22PEZ, W22XTT	IMSA, FT KNOX, KY
W23A74, W80069	MSO, FT GEORGE G. MEADE, MD
W23G1L	USAG, FT DETRICK, FREDERICK, MD
W23MWR, W25MWY	USAMMA, FREDERICK, MD
W25BDZ, W807YG	MED SUP, CARLISLE BKS, PA
W26AAJ, W26MKX	IMSA, FT BELVOIR, VA
W26AL3, W801KF	IMSA, FT EUSTIS, VA
W26AD4, W81AJE	IMSA, FT LEE, VA
W31G1Z	ANNISTON ARMY DEPOT, ANNISTON, AL
W31NWT, W31XV9	IMSA, FT RUCKER, AL
W31P0Y	MSO, REDSTONE ARSENAL, AL
W33BRA, W33XTL	IMSA, FT BENNING, GA
W33DME, W33XWA	USAH, FT STEWART, GA
W33M8S, W33XTF	IMSA, FT GORDON, GA
W34GNC, W81B1B	IMSA, FT CAMPBELL, KY
W36N0P, W36XTM	IMSA, FT BRAGG, NC
W37N03, W37XTS	IMSA, FT JACKSON, SC
W42NU3, W801EP	IMSA, FT POLK, LA
W44DQ6, W44XTX	IMSA, FT SILL, OK
W45MXE, W81NWY	IMSA, BROOKE ARMY MED CEN, SAN ANTONIO, TX
W45NQ8, W45XTR	MSO, FT HOOD, TX
W45PEA, W45XTK	MSO, WILLIAM BEAUMONT GH, EL PASO, TX
W51XTP, W51HVA	IMSA, FT CARSON, CO
W55C7D, W81CRX	IMSA, FT LEAVENWORTH, KS
W55CWA, W55XTW	IMSA, FT RILEY, KS
W58NQ2, W58XTU	IMSA, FT LEONARD WOOD, MO
W61DEW, W801FT	IMSA, RAY BLISS AH, FT HUACHUCA, AZ
W67K2Q	USPFO WAREHOUSE, UT
W62G2W	SIERRA ARMY DEPOT, HERLONG, CA
W68MX4, W808LN	MADIGAN ARMY MED CEN, FT LEWIS, WA
W71PEC, W8003K	CON PROP ACCT, WRAMC, WASHINGTON, DC
W80FU5, W801A5	MSO, FT IRWIN, CA
W80KVY	147TH MEDLOG BN, FT SAM HOUSTON, TX
W8033C	HQ ARMY FORCES, JOINT TASK FORCE BRAVO, APO AA 34042
WT4J8S	16TH MEDLOG BN, WAEGWAN, KOREA
W80MAX	MAT BR 121ST GEN HOSP, YONGSAN SOUTH POST, APO AP 96301
W81C4T	MSO, FT WAINWRIGHT, AK

(continued) Table 4-1. AUTHORIZED RECIPIENTS OF CONTROLLED SUBSTANCES DODAAC REQUISITIONERS

DODAAC	ACTIVITY
W81EFP	32ND MEDLOG BN (FWD), FT BRAGG, NC
W81RNH	IMSA, REDSTONE ARSENAL, AL
W90KEW	COMBAT EQUIPMENT GROUP AFLOAT – USAMMA, GOOSE CREEK, SC
W90M7B	HHB 2ND BN 222 FIELD ARTY, UTARNG
W90M7G	HHB 1ST BN 145 FIELD ARTY, UTARNG
WC1JUG	MED SUP ACCT, FT WAINWRIGHT, AK
WK4FDK	USA MED DEPOT, PIRMASENS, GERMANY
WK4FV1, WK4FV7	USAMMCE, PIRMASENS, GERMANY
WK4FW0	USAH, LANDSTUHL, GERMANY
WK4FZW	USAH, HEIDELBERG, GERMANY
WK4F3M	USAH, WUERZBERG, GERMANY
WK7Q6R	US EMB, VIENNA, AUSTRIA
WK9GHH	MSO, VICENZA MIL POST, VICENZA, ITALY
WN4Q76	US EMB, ALGIERS
WN5Q77	AMEMB, TUNIS, TUNISIA
WP4Q8G	MILMIS, CO, AMEMB, MONROVIA, LIBERIA
WT0J3Y	AFRIMS, BANGKOK, THAILAND
WT5J0F	USAMEDDAC, JAPAN
WX3JN7, WX3JN8	IMSA, TAMC, HAWAII

d. For additional information contact HQDA, ATTN: DASG-LOZ, telephone DSN 761-8065 or 703-681-8065, or the USAMMA, ATTN: MCMR-MMB-R, Fort Detrick, MD 21702-5001; telephone DSN 343-2045 or 301-619-2045.

4-7. EMERGENCY OPERATIONS CENTER (EOC) AT THE USAMMA

a. The USAMMA's EOC serves as the medical materiel gatekeeper that prioritizes requirements for any given theater of operation. The EOC is a single focal point for customers.

b. The reengineered EOC centralizes and analyzes multi-directorate information to facilitate a timely decision process. The EOC also identifies and distributes tasks and gains information through decentralized functional directorates. The EOC will track and monitor the movement and requests for low-density stocks. This Center ensures that the right materiel is in the right place at the right time. The EOC has SIPRNET capability to gain access to classified materiel and classified email.

c. The MCMR-MMS Operations and Plans Division is responsible for the operation of the EOC.

d. For additional information on EOC activation and operations, contact the USAMMA, ATTN: MCMR-MMS-P, Fort Detrick, MD 21702-5001; telephone DSN 343-4408 or 301-619-4408. The EOC's SIPRNET email address is **ladethrs@force1.army.smil.mil**

4-8. ENTERPRISE RESOURCE PLANNING (ERP)

a. Defense and Army strategic visions and long-range planning are mandating revolutionary changes in MEDLOG business affairs. Three publications that are shaping the government's business affairs are:

(1) *Joint Vision 2020*
(2) the *Defense Reform Initiative* and the
(3) *Army Transformation*

Accordingly, institutional logistics organizations are reengineering business practices and related automated information systems. Examples of these initiatives are DLA's Business System Modernization and the AMC's Wholesale Logistics Modernization Program. AMEDD logistics is also pursuing accelerated change with the ERP solution.

b. The intent of the ERP is to significantly improve the USAMMA's automated information technology capability by integrating core processes and internal systems applications across the enterprise (organization) into a single computer system that links all organizational elements and delivers best value to stakeholders, customers, partners, and suppliers.

c. In May 2002 the USAMMA implemented Stage 1 of the EPR solution. Stage 1 introduced sweeping changes in business processes for controlling funds and for managing requisitions, inventory and assemblages.

(1) In FY 2003 the USAMMA will extend the ERP solution to business processes that support the Programming, Planning, Budgeting and Execution System and medical equipment maintenance programs.

(2) The USAMMA strives to ensure that critical MEDLOG support continues while the organization revamps its core business processes and systems.

d. For additional information on the ERP solution, contact:

USAMMA
ATTN: MCMR-MMB-I
Fort Detrick MD 21702-5001
Telephone DSN 343-4463 or 301 619-4463

4-9. EXCESS MEDICAL MATERIEL

The USAMMA's MCMR-MMB-R distributes the Excess Medical Materiel Reports through Excess Medical Materiel Messages to the AIGs listed in Appendix A. Such messages are identified by the office symbol 'MCMR-MMB-R' and contain a report number in the subject message (e.g., EXCESS MEDICAL MATERIEL REPORT NUMBER 01026-001).

(1) Addressees of AIGs 7487, and 7488 are listed as recipients of Excess Medical Materiel Reports. Request all addressees send to this agency their DMS account address or a valid Electronic Mail address for individual(s) required to receive Excess Messages.

(2) The USAMMA identifies all Medical Materiel Excess Reports (Stock Fund and NONSTKF Reports) by numerical order, beginning with "001." Both the Stock Fund and the NONSTKF Reports are identified in the same manner. For example, the subject line of Reports of Excess Medical Materiel Messages originating from the USAMMA will read--

SUBJ: EX STKF MED MAT RPT NO. 03026-001

(3) For additional information on Excess Medical Materiel Reports contact the USAMMA, ATTN: MCMR-MMB-R, Fort Detrick, MD 21702-5001; telephone DSN 343-4300 or 301-619-4300, telefax number is DSN 343-2938 or 301-619-2938.

4-10. MEDICAL ITEM CROSS REFERENCE AND SOURCING SYSTEM

The Materiel Acquisitions Directorate (MCMR-MMT) is developing a **Medical Item Cross Reference And Sourcing Information** file that will be available for Units to allow them to cross-reference National Stock Numbers (NSNs) to commercial equivalents. A software tool entitled the Medical Item Cross Reference and Sourcing System (MICRSS) has been developed to alleviate the time-consuming effort necessary to find substitutes/equivalents for UA items. The intent of MICRSS is to provide a single source for NSN item searches by displaying what is available through Prime Vendor and other contractual tools while indicating availability based on current volume of sales against contracts.

4-11. MEDICAL REENGINEERING INTIATIVE (MRI)

a. The Medical Reengineering Initiative (MRI) is the AMEDD process that reorganizes the ten functional areas of Combat Health Support (CHS) to conform to Army Force XXI principles. The Vice Chief of Staff of the Army approved MRI in 1996. This process ensures the AMEDD's force remains relevant and viable for future land operations. The ten functional areas are:

- Hospitalization
- Evacuation
- Area Medical Support
- Dental
- Combat Stress
- Preventive Medicine
- Laboratory
- Veterinary
- Medical Logistics
- Command and Control

Under the Army Transformation, MRI is generally considered part of the legacy force with some MRI force structure acceptable as part of the interim force.

b. MRI was initiated due to changes in our national military strategy, lessons learned from the Gulf War deficiencies, and projected changes to casualty estimates. The MRI force is modular and more mobile. It requires a smaller medical footprint on the battlefield and possesses wartime information compatible

architecture while introducing Telemedicine that provides a "reach back" capability. Other MRI enhancements include the capability of early entry, split-based, tailored and full-spectrum military operations.

c. Hospitalization Functional Area. MRI converts the current MF2K three-hospital system (General, Combat Support and Field) to a one-hospital concept. The MRI Combat Support Hospital (CSH) has two, 248-bed variations. One has split-based operational capability with an HHD, 164- and 84-bed Companies. The other version will not be split-based operational. Both configurations will continue to utilize their existing DEPMEDS equipment, although some of the Medical Materiel Sets in the 84-bed company will be established in Tent, Expendable Modular, Personnel (TEMPER) versus the current ISO Shelters. Minimal care capability is removed from the hospitals and is provided in separate, 120-bed Minimal Care Detachments.

d. Non-Hospital Arena. Mobility for functional areas remains critical. Small, completely mobile, Far Forward Surgical Teams (FFST) will provide Level III trauma surgical support where it is needed. Dental companies, on the other hand, will become larger and more oriented toward the area support concept; however, they, too, will be composite of six treatment teams that have the ability to provide far forward emergency and preventive dental care. Most of the non-hospital functional areas are modularly designed to provide smaller, flexible, capability-based organizations.

e. Timetable. The MRI reorganization process commenced first quarter, fiscal year 2000. The first hospital is scheduled for conversion in First Quarter, FY2002. Continued conversions, activations and inactivations will gradually transform the AMEDD into an Army XXI Combat Service Support functional area. The AMEDD will be capable, streamlined, and ready to support the fight and peacetime contingency operations.

f. For additional information about MRI, contact USAMMA, ATTN: MCMR-MML, Fort Detrick, MD 21702-5001; telephone DSN 343-4355/4396 or 301-619-4355/4396.

4-12. REPORTS OF SUSPENDED OR DESTROYED ITEMS

a. When the USAMMA requires reports of items suspended or destroyed, these reports will indicate specific quantities suspended for each applicable Lot Number(s) and Contract Number(s). When several Lot Numbers under a single Contract Number are involved, show quantity suspended for each Lot Number.

b. Reports of suspended or destroyed items provide a basis for claims against contractors or assist in determining replacement purchase quantities. This detailed information is essential when warranty clauses are involved and also in those instances when it is necessary for the USAMMA to publish different disposition instructions for various Lots under a single contract number. It is imperative that all activities submit requested reports on or before the given suspense date. If the quantities are not reported by the suspense date, your activity may forego credit/ replacement for the suspended materiel.

4-13. RESERVE COMPONENT MEDICAL MATERIEL MANAGEMENT INFORMATION

a. The Reserve Component Liaison Officer serves as the AMEDD focal point for all aspects of medical materiel readiness that directly affect the United States Army Reserve (USAR). The Liaison Officer is responsible for the coordination of medical equipment fielding, sustainment, and modernization efforts on behalf of Reserve Component medical units. The Liaison Officer also provides input on USAR policy issues, advises the Commander on USAR policy decisions and performs operational and administrative duties in support of the USAR medical force.

b. Additionally, the Reserve Component Liaison Officer serves as the Chief, Medical Reengineering Initiative Support Team, and Chief, Logistics Assistance Program.

c. For additional information about the Reserve Component issues, contact USAMMA, ATTN: MCMR-MML, Fort Detrick, MD 21702-5001; telephone DSN 343-4355 or 301-619-4355.

4-14. UNIT ASSEMBLAGE LISTINGS

a. Revisions to AMEDD UAs are provided annually by USAMMA, ATTN: MCMR-MMO-SU, on 3.5" floppy disks (in ASCII Text File format), in lieu of publication in the SB 8-75 Series. This revision is provided when the update has been completed to established UA users that are registered in our automated distribution system. This list of customers is compiled based on the activity's UIC.

b. UA listings for non-hospital sets are also available on the web from the USAMMA homepage: http://armymedicine.army.mil/usamma. This website contains information on the last annual update and reflects the adds, changes, and deletes for each updated set. It also contains the information on maintenance changes to sets as they occur and contains the latest catalog data for each material component of the sets. UALs can be found by UIC, UA code, NSN, LIN or nomenclature.

c. Activities not on the distribution list that require a copy of the update should submit their request in writing to the address shown, or call DSN 343 4318/ 4315 or 301-619-4318/4315. All requests must provide a complete address UIC.

COMMANDER, USAMMA
ATTN: MCMR-MMO-SU
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001

APPENDIX A. ADDRESS INDICATOR GROUP (AIG) LISTINGS FOR AIGS 7485, 7486, 7487, AND 7488 AS OF 31 DECEMBER 2002

AIG 7485 - ACTION - CONUS ACTIVITIES:

932ND MEDICAL TEAM FORWARD SURGICAL//AFRC-CMN-ME-J
CDR USA MEDDAC FT LEONARD WOOD MO//MCXP-LO-MB//
CDR USACHPPM ABERDEEN PROVING GROUND MD//MCHB-CS-LOG//
CDR WAMC FT BRAGG NC//MCXC-LO/MB//
CDRBAMC FT SAM HOUSTON TX//MCHE-LO//

CDRDDEAMC FT GORDON GA//MCHF-LOG-MB//
CDRMAMC TACOMA WA//MCHJ-LOS//
CDRTAMC HONOLULU HI//MCHK-LDM/
CDRUSACEGASIA CHARLESTON SC//USAMMA//
CDRUSAHC CHAMBERSBURG PA

CDRUSAMEDDAC FT BELVOIR VA//HSXA-LOG//
CDRUSAMEDDAC FT BENNING GA//MCXB-LMM//
CDRUSAMEDDAC FT CAMPBELL KY//MCXD-L//
CDRUSAMEDDAC FT CARSON CO//MCXE-LOG-MB//
CDRUSAMEDDAC FT DRUM NY//MCID-LO-MM//

CDRUSAMEDDAC FT EUSTIS VA//MCXH-LOG//
CDRUSAMEDDAC FT HOOD TX//MCXO-LOG-MB//
CDRUSAMEDDAC FT HUACHUCA AZ//MCXJ-LO-MAT//
CDRUSAMEDDAC FT IRWIN CA//MCXK-LM//
CDRUSAMEDDAC FT JACKSON SC//MCXL-AL//

CDRUSAMEDDAC FT KNOX KY//MCXM-LDM//
CDRUSAMEDDAC FT LEAVENWORTH KS//MCXN-LOG//
CDRUSAMEDDAC FT MEADE MD//MCXR-LOG/ANME-HQG/
CDRUSAMEDDAC FT MONMOUTH NJ//MCXS-LOG
CDRUSAMEDDAC FT POLK LA//MCXV-LDM//

CDRUSAMEDDAC FT RILEY KS//MCXX-LD-MS//
CDRUSAMEDDAC FT SILL OK//MCUA-LMB//
CDRUSAMEDDAC FT STEWART GA//HSUB-LOG-M//
CDRUSAMEDDAC FT WAINWRIGHT AK//MCUC-LO-MS//
CDRUSAMEDDAC WEST POINT NY//MCUD-LOM//

CDRUSAMEDDAC REDSTONE ARS AL//MCXW-LOG//
CDRUSAONE FT GILLEM GA//AFRC-CPA-LOG//
CDRWBAMC FT BLISS TX//MCHM-LOG-MA//
CDRWRAMC WASHINGTON DC//MCHL-LS//

DIRAFIP WASHINGTON DC//AFIP-LS//
OICUSA HEALTH CLINIC FT MYER VA//HWHL-WR//
RUEASIE/CDRSIAD HERLONG CA//SIOSI-MO-P&D//

AIG 7485 - INFO

CDR10THSFGA SFOB FORT CARSON CO//AOSO-SFC-MD//
CDR147THMEDLOGBN FT SAM HOUSTON TX//AFZG-MLR-MSA//
CDR1STMEDGP FT HOOD TX//AFVG-MG-SUP//
CDR32DMEDSOM FT BRAGG NC//AFVH-XA//

CDR34THMEDBN FT BENNING GA//AFFC-MB//
CDR3DACR FORT CARSON CO//AFVF-SMD//
CDR3DINFDIV FORT STEWART GA
CDR44THMEDBDE FT BRAGG NC//AFZA-AA-XAGC//
CDR4THINFDIVDISCOM FT CARSON CO

CDR82DABNDIV FT BRAGG NC//DMSO/OIC/AFVC-KB-DMSO//
CDRAMC ALEXANDRIA VA//AMCSG//
CDRANAD ANNISTON AL//SDSAN-DAO-PPC//
CDRDSCP PHILADELPHIA PA//DSCP-MQ/MGAB//

CDRFORSCOM FT MCPHERSON GA//AFLG-FMMC-E//
CDRHEALTHCLINIC FT INDIANTOWN PA
CDRIIICORPS FORT HOOD TX//AFZF-MD//
CDRKUSAHC ABERDEEN PROVING GROUND MD//MCXR-APGL//
CDRTEAD USAHEALTH CLINIC TOOELE UT//HSHG-PCT//

CDRTYAD TOBYHANNA PA//HEALTHCLINIC//
CDRUMDA HERMISTON OR//HSHJ-PV//
CDRUSAARL FT RUCKER AL//MCMR-UAC//
CDRUSADENTAC FT BENNING GA
CDRUSAISR FT SAM HOUSTON TX//SGRD-US-L//

CDRUSARIEM NATICK MA
CDRUSARPAC FT SHAFTER HI//APMD//
CDRUSATC FT EUSTIS VA
CDRUSATC FT JACKSON SC//ATZJ-MD//
CDRUSATHIRD FT MCPHERSON GA//AFYD-OP//

CDRUSATWO FT GILLEM GA//AFKA-MD//
CDRXVIIIABNCORPS FT BRAGG NC
CDRYPG YUMA AZ//HEALTHCL//
CIA WASHINGTON DC
COMJTF-B MAXI SOTO CANO HO//MEDEL-LOG//

DA WASHINGTON DC//DASG-LOP/SGPS-CP-P//
DIR SAM PENTAGON WASHINGTON DC//SAM-OPT-AR//
DRUG ENFORCEMENT ADMIN HQ WASHINGTON DC//SNOWCAP-MED//
DSCP PHILADELPHIA PA//DSCP-MQ/MGAB/MBP//
NAVCSRF HONOLULU HI//N33//

(continued) AIG 7485 - INFO

NCTAMS LANT DET NEW ORLEANS LA
OICUSA HEALTH CLINIC DPG DUGWAY UT
OICUSA HEALTH CLINIC NCAD NEW CUMBERLAND PA
OICUSA HEALTH CLINIC PUDA PUEBLO CO//SDSTE-P//
OICUSAHC FT RICHARDSON AK//LOG DIV//
USARMYC-ESERVICESOFC ALEXANDRIA VA

AIG 7486 - ACTION - OCONUS ACTIVITIES:

CDR16THMEDLOGBN WAEGWAN KOR//EAMC-MSO-QA//
CDR30THMEDBDE HEIDELBERG GE//AETV-MB-GD//
CDR35THSSBN SAGAMI JA//APAJ-GH-SS//
CDRERMC LANDSTUHL GE//MCEU-L//
CDRUSAKA KWAJALEIN MH//CSSD-KA-L//

CDRUSAMEDDACJ CP ZAMA JA//MCJA-LD//
CDRUSAMMCE PIRMASENS GE//MCMR-MCO-B//
CDRUSAREUR HEIDELBERG GE
CDRVCORPS HEIDELBERG GE//AETV-SU-LOG//

AIG 7486 - INFO

CDR106THMEDDET SEOUL KOR//EAMC-VS-L//
CDR106THMEDDET TAEGU KOR//EAMC-VS-E//
CDR121STEVACHOSP SEOUL KOR//PHAR EAMC-H-RX//
CDR121STGENHOSP SEOUL KOR//EAMC-H-SS//
CDR150THMEDDET WAEGWON KOR//EAMC-OP-CC//

CDR163DMEDBN YONGSAN KOR//EAMC-DS//
CDR17THASG CP ZAMA JA//AJGH-ID-SU//
CDR215THMEDDET SEOUL KOR//EAMC-H/OC-CM/OC-Y//
CDR218THMEDDET WONJU KOR//EAMC-EB-OA-W//
CDR219THMEDDET CHUNCHON KOR//EAMC-EB-OA-C//

CDR296THFSB MUNSAN KOR//EAID-SC-SF-CC//
CDR377THMEDCOAA SEOUL KOR//EAMC-EB-AA//
CDR43DSURGHOSP PYONGTAEK KOR//EAMC-SH-MS//
CDR461STMEDDET SEOUL KOR//EAMC-BT//
CDR52DMEDBN SEOUL KOR//EAMC-EB-C//

CDR543DGENDISP TAEGU KOR//EAMC-OC-T/EAMC-SG-TO//
CDR545THGENDISP PUSAN KOR//EAMC-CC-P//
CDR560THMEDCO PYONGTAEK KOR//EAMC-EB-GA//
CDR56THMEDCO MUNSAN KOR//EAMC-DS-N-CS/N-CE//
CDR618THMEDCO UIJONGBU KOR//EAMC-DS-N//

(continued) AIG 7486 - INFO

CDR618THMEDCO YONGSAN KOR//EAMC-DS-N/N-DA//DB/DC//
CDR665THMEDCO CHUNCHON KOR//EAMC-DS-S-PA//
CDR665THMEDCO PUSAN KOR//EAMC-DS-S-HI//
CDR665THMEDCO PYONGTAEK KOR//EAMC-DS-S-HU//
CDR665THMEDCO TAEGU KOR//EAMC-DS-S/DS-S-WA//

CDR665THMEDCO WAEGWAN KOR//EAMC-DS-S-CA//
CDR665THMEDCO WONJU KOR//EAMC-DS-S-LO//
CDRFABAS MUNSAN KOR//EAID-C-MD-DC//
CDRUSAHC CP CASEY TONGDUCHON KOR//EAID-SC-TMC-RX//
CDRUSAMEDCOMP AFRIMS BANGKOK TH//LOG DIV//

CHJUSMAG MANILA RP//JPGF-M//
CHUSMTM MEDI RIYADH SA
COMFLEACT OF CHINHAE KOR//N7//
DIR SAM PENTAGON WASHINGTON DC//SAM-OPT-AR//
JOHNSON CONTROLS WORLD SERVICE INC KWAJALEIN MH//PAR3//

NAVCSRF HONOLULU HI//N33//
NCTAMS LANT DET NEW ORLEANS LA
USARMYC-ESERVICESOFC ALEXANDRIA VA

AIG 7487 - ACTION - RESERVE ACTIVITIES:

309THMEDGP ROCKVILLE MD//AFRC-CPA-LOG//
330THMEDBDE FT SHERIDAN IL//AFRC-CMN-MB-LOG//
338THMEDGP CHESTER PA//AFRC-CPA-LOG//
CDR FORT MCCOY WI//RTS-MEDICAL//
CDR NTC FT IRWIN CA

CDR100DIVTNG LOUISVILLE KY
CDR101STABNDIV AA FT CAMPBELL KY
CDR121STARCOM BIRMINGHAM AL//AFKA-ACH//
CDR124THRSC FT LAWTON WA//AFRC-CWA-CS//
CDR197THINFBDE FT BENNING GA//AFVE//

CDR2NDMEDBDE SAN PEDRO CA
CDR310THTAACOM FT BELVOIR VA
CDR328GENHOSP SAD AFC SALT LAKE CITY UT//AFKC-ACC-M//
CDR36THENGR FT BENNING GA//AFVK//
CDR377THTAACOM NEW ORLEANS LA//SAA//

CDR41STCSH FT SAM HOUSTON TX//AFZG-HC-CH//
CDR485THMEDDET FT SAM HOUSTON TX//AFZG-HC-PM//
CDR507THMEDCO FT SAM HOUSTON TX//AFZG-HC-AA//
CDR5501STUSAH FT SNELLING MN//AFKE-AC-MNB-LG//
CDR5THENGBN FT LEONARD WOOD MO//AFFU-EB-SI//

(continued) AIG 7487- ACTION

CDR62DMEDGP FT LEWIS WA//AFZN-MGL//
CDR63DARCOM LOS ALAMITOS CA//AMARC-FM//
CDR70TH RSC SEATTLE WA//AFRC-CWA//
CDR70THRSC FORT LAWTON WA
CDR77THARCOM FORT TOTTEN NY

CDR807THMEDBDE SEAGOVILLE TX//LOG//
CDR80THDIVTNG RICHMOND VA
CDR90THARCOM FT SAM HOUSTON TX//LOG//
CDR94THRSC DEVENS RFTA MA
CDR99THARCOM PITTSBURGH PA//LOG//

CDRUSAADC FT BLISS TX
CDRUSAEC FT LEONARD WOOD MO//AFFU-EV/MS//
CDRUSAFAC FT SILL OK
CDRUSARGP OAKDALE PA//AFRC-CPA-LOG//

AIG 7487 - INFO

804THMEDBDE DEVENS RFTA MA
CDR RG FT KNOX KY//MED COORDIN//
CDR RG PATRICK AFB FL//AFKD-RK//
CDR RG SELFRIDGE ANGB MI//HQ-ADS-CA-CSS-C/
CDR426THMEDGP FT DOUGLAS UT//AFKC-ACC-P//

CDR5THSUPBN MAIN FT LEWIS WA//AFVO-SC-5SB-DMS//
CDR7THARCOM SCHWETZINGEN GE//AEUR-PSST//
CDR81STRSC BIRMINGHAM AL//LOG//
CDR89THRSC WICHITA KS//LOG//
CDR90THRSC LITTLE ROCK AR//LOG//

CDR96THARCOM FT DOUGLAS UT
CDR9THARCOM FT DERUSSY HI//APAG-RC//
CDRFORSCOM FT MCPHERSON GA//AFLG-FMMC-E//
CDRUSAMEDCOM FT SAM HOUSTON TX//MCLO/LS//
CDRUSATWO FT GILLEM GA//AFKA-MD//

DIR SAM PENTAGON WASHINGTON DC//SAM-OPT-AR//
NAVCSRF HONOLULU HI//N33//
NCTAMS LANT DET NEW ORLEANS LA
USARMYC-ESERVICESOFC ALEXANDRIA VA

AIG 7488 - ACTION - STATE ADJUTANT GENERAL ACTIVITIES:

TAG AK FORT RICHARDSON AK
TAG AL MONTGOMERY AL
TAG AR LITTLE ROCK AR
TAG AZ PHOENIX AZ
TAG CA SACRAMENTO CA

TAG CO DENVER CO
TAG CT HARTFORD CT
TAG DC WASHINGTON DC
TAG DE WILMINGTON DE
TAG FL ST AUGUSTINE FL//TIC//

TAG GA ATLANTA GA
TAG HI HONOLULU HI
TAG IA JOHNSTON IA
TAG ID BOISE ID
TAG IL SPRINGFIELD IL

TAG IN INDIANAPOLIS IN
TAG KS TOPEKA KS
TAG KY FRANKFORT KY
TAG LA NEW ORLEANS LA
TAG MA READING MA

TAG MD BALTIMORE MD
TAG ME AUGUSTA ME
TAG MI LANSING MI
TAG MN SAINT PAUL MN
TAG MO JEFFERSON CITY MO

TAG MS JACKSON MS
TAG MT HELENA MT
TAG NC RALEIGH NC
TAG ND BISMARCK ND
TAG NE LINCOLN NE

TAG NH CONCORD NH
TAG NJ TRENTON NJ
TAG NM SANTA FE NM
TAG NV CARSON CITY NV
TAG NY LATHAM NY//MNP-HS/MNAV-OS//

TAG OH COLUMBUS OH
TAG OK OKLAHOMA CITY OK
TAG OR SALEM OR
TAG PA ANNVILLE PA
TAG PR SAN JUAN PR

(continued) AIG 7488 - ACTION

TAG RI PROVIDENCE RI
TAG SC COLUMBIA SC
TAG SD RAPID CITY SD
TAG TN NASHVILLE TN
TAG TX CAMP MABRY TX

TAG UT DRAPER UT
TAG VA RICHMOND VA
TAG VI SAINT CROIX VI
TAG VT COLCHESTER VT
TAG WA TACOMA WA

TAG WI MADISON WI
TAG WV CHARLESTON WV
TAG WY CHEYENNE WY
USPFO AK FORT RICHARDSON AK
USPFO AL MONTGOMERY AL
USPFO AR LITTLE ROCK AR

USPFO AZ PHOENIX AZ
USPFO CA SAN LUIS OBISPO CA
USPFO CO BUCKLEY ANGB CO
USPFO CT HARTFORD CT
USPFO DC WASHINGTON DC

USPFO DE NEW CASTLE DE
USPFO FL ST AUGUSTINE FL
USPFO FT SHAFTER HI
USPFO GA ATLANTA GA
USPFO HI HONOLULU HI

USPFO IA JOHNSTON IA
USPFO ID BOISE ID
USPFO IL SPRINGFIELD IL
USPFO IN INDIANAPOLIS IN
USPFO KS TOPEKA KS

USPFO KY FRANKFORT KY
USPFO LA NEW ORLEANS LA
USPFO MA MILFORD MA
USPFO MD HAVRE DE GRACE M
USPFO ME AUGUSTA ME

USPFO MI LANSING MI
USPFO MN CAMP RIPLEY MN
USPFO MO JEFFERSON CITY MO
USPFO MS JACKSON MS//NGMS-PFO-LS//
USPFO MT HELENA MT

(continued) AIG 7488 - ACTION

USPFO NC RALEIGH NC
USPFO ND BISMARCK ND
USPFO NE LINCOLN NE
USPFO NH CONCORD NH
USPFO NJ TRENTON NJ

USPFO NM SANTA FE NM
USPFO NV CARSON CITY NV
USPFO NY LATHAM NY
USPFO OH COLUMBUS OH//AGOH-MA-SS//
USPFO OK OKLAHOMA CITY OK

USPFO OR SALEM OR
USPFO PA ANNVILLE PA
USPFO PR SAN JUAN PR
USPFO RI PROVIDENCE RI//RIPFO-LS//
USPFO SC COLUMBIA SC

USPFO SD CP RAPID CITY SD
USPFO TN NASHVILLE TN
USPFO TX CAMP MABRY TX
USPFO UT DRAPER UT
USPFO VA RICHMOND VA

USPFO VI ST CROIX VI//VIA-PF-LO//
USPFO VT COLCHESTER VA
USPFO WA TACOMA WA
USPFO WI CAMP WILLIAMS WI
USPFO WV BUCKHANNON WV
USPFO WY CHEYENNE WY

AIG 7488 - INFO

DIR SAM PENTAGON WASHINGTON DC//SAM-OPT-AR//
NAVCSRF HONOLULU HI//N33//
NCTAMS LANT DET NEW ORLEANS LA
USARMYC-ESERVICESOFC ALEXANDRIA VA

--- END of All AIG Listings ---

GLOSSARY

2001 GLOSSARY FOR SB 8-75-S1

Abbreviation	Definition
AAC	Acquisition Advice Code
ACN	Asset Control Number
AIG	Address Indicator Group
AMC	Army Materiel Command
AMDF	Army Master Data File
AMEDD	Army Medical Department
APA	Army Prepositioned Afloat
APS	Army Prepositioned Stocks
ASIOE	Associated Support Items of Equipment
CANA	Convulsant Antidote Nerve Agent
CD	Compact Disc
CDM	Chemical Defense Materiel
CHS	Combat Health Support
CINC	Commander In Chief
CONUS	Continental United States
COSIS	Care of Supplies in Storage
CPSOS	Care of Supplies in Storage
CSA	Chief of Staff of the Army
CSEA	Combat Support Equipment Assessment
CSH	Combat Support Hospital
DA	Department of the Army
DCSLOG	Deputy Chief of Staff for Logistics
DEA	Drug Enforcement Agency
DEPMEDS	Deployable Medical Systems
DHP	Defense Health Program
DLA	Defense Logistics Agency
DLIS	Defense Logistics Information Services
DMS	Defense Message System
DOD	Department of Defense
DOD-MMQC	Department of Defense Medical Materiel Quality Control (message)
DFP	Deployable Force Package
DSCP	Defense Supply Center Philadelphia
EOC	Emergency Operations Center
ERP	Enterprise Resource Planning
FEDLOG	Federal Logistics
FLIS	Federal Logistics Information System
FMS	Foreign Military Sales
FY	Fiscal Year
HQDA	Headquarters, Department of the Army
IMSA	Installation Medical Supply Activity
ISM	Individual Service Member

(continued) 2003 GLOSSARY For SB 8-75-S1

Abbreviation	Definition
JMAR	Joint Medical Asset Repository
LAP	Logistics Assistance Program
LSE	Logistics Support Element
MC4	Medical Communications for Combat Casualty Care
MDEP	Materiel Readiness Management Decision Package
MEDCASE	Medical Care Support Equipment
MEDCEN	Medical Center
MEDCOM	Medical Command
MEDDAC(s)	Medical Department Activity (ies)
MEDLOGTAV	Medical Logistics Total Asset Visibility
MEDSILS	Medical Services Information Logistics System
MHS	Military Health System
MICRAS^2	Medical Item Cross Reference And Sourcing System
MLST	Medical Logistics Support Team
MMM	Maintenance Engineering and Operations Directorate
MMO	Operations and Support Directorate
MMR	Force Development and Sustainment Directorate
MMS	Strategic Capabilities and Materiel Directorate
MMT	Materiel Acquisition Directorate
MNBCDM	Medical Nuclear, Biological, Chemical Defense Materiel
MPR	MEDCASE Program Requirements
MRI	Medical Reengineering Initiatives
MTFs	Medical Treatment Facilities
MTOE	Modified Table of Equipment
NNI	Nonsupportable/Nonsustainable and Obsolete items
OCONUS	Outside Continental United States
OPCON	Operation Control
OTSG	Office of The Surgeon General
PBAC	Program and Budget Advisory Committee
PBT	Pyridostigmine Bromide Tablets
POC	Point of Contact
POM	Program Objective Memorandum
RCHD	Army Reserve Decrement Hospitals
RMC	Regional Medical Command
RSO&I	Reception, Staging, Onward Movement, and Integration
S&T	Science and Technology
SICC	Service Item Control Center
SKO(s)	Sets, Kits and Outfit(s)
SLEP	Shelf Life Extension Program
SSA	Supply Support Activity

(continued) 2003 GLOSSARY For SB 8-75-S1

Abbreviation	Definition
TAMMIS	Theater Army Medical Materiel Information System
TARA	Technology Assessment and Requirements Analysis
TEMPER	Tent, Expendable Modular, Personnel
TMDE	Test, Measurement, and Diagnostic Equipment
TOE	Table of Equipment
TPFDD	Time-Phased Force Deployment Data
TSG	The Surgeon General
UA	Unit Assemblage
UDR	Universal Data Repository
UIC	Unit Identification Code
ULN	Unit Line Number
USAMEDCOM	U.S. Army Medical Command
USAMMA	U.S. Army Medical Materiel Agency
USAMMCE	U.S. Army Medical Materiel Center-Europe
USAMRMC	United States Army Medical Research and Materiel Command

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By Order of the Secretary of the Army:
ERIC K. SHINSEKI
General, United States Army
Chief of Staff

Official:

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Administrative Assistant to the
Secretary of the Army

Distribution:

To be distributed in accordance with initial distribution number (IDN) 340016, requirements for the DA SB 8-75 Series.